

**Health Services**
LOS ANGELES COUNTY**Human
Resources**[Home](#)[Reports](#)[Managment](#)[Rancho Los Amigos 2015 Orientation/Reorientation Handbook](#)Which workforce group do you belong to:

* Denotes required fields

Workforce Member ID#: *Facility:

If your agency is not listed, please contact your contract liaison or facility HR office.

*Contractor Agency: *First Name: *Last Name: Classification: Area/Work Unit: *DHS Supervisor's Name:

I attest I have read the 2015 Rancho Los Amigos Handbook . I am familiar with the contents and will abide by the guidelines set forth.

If I have any questions or concerns, I will talk to my supervisor or the facility Human Resources Office.

If you are submitting attestation information on behalf of a contractor, check the Proxy box and provide your employee information: ☐ ProxyProxy's Employee Number: Proxy's Name: [Site Version 2013.03.07.1106](#)